

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N28209**

(7)

1. Corporation Name

SOUTH MIAMI BUSINESS NETWORK, INC.



Principal Place of Business

C/O ANN FISHER, ATTY.
1514 ZULETA AVENUE
CORAL GABLES FL 33146

Mailing Address

C/O ANN FISHER, ATTY.
1514 ZULETA AVENUE
CORAL GABLES FL 33146

3. Date Incorporated or Qualified
09/07/1988

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, ANN
1514 ZULETA AVENUE
CORAL GABLES FL 33146

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, JULIAN	
STREET ADDRESS	8401 NE 53 TERRACE SUITE 202	
CITY - ST - ZIP	MIAMI FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SORGIE, JOHN	
STREET ADDRESS	5833 PONCE DE LEON	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FISHER, ANN	
STREET ADDRESS	1514 ZULETA AVENUE	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	REITNAUER, DOREEN	
STREET ADDRESS	5801 SUNSET DR	
CITY - ST - ZIP	SOUTH MIAMI FL 33143	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DOREEN REITNAUER	
1.3 STREET ADDRESS	5801 SUNSET DR.	
1.4 CITY - ST - ZIP	S. MIAMI, FL 33143	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICTORIA SALOM	
2.3 STREET ADDRESS	5711 S. DIXIE HWY	
2.4 CITY - ST - ZIP	S. MIAMI, FL. 33143	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NINA MEYER	
3.3 STREET ADDRESS	2222 PONCE DE LEON BLVD	
3.4 CITY - ST - ZIP	CORAL GABLES, FL. 33134	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-96

Date

305-665-8511

Daytime Phone #

CR2E037 (12/95)